

Annual Progress Report 2020





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Foreword by Commissioner for Social Affairs

The year 2020 was significant for the Africa Centres for Disease Control and Prevention (Africa CDC), the African Union, African Union Member States, the world, and every human. The declaration of COVID-19 as an outbreak, a public health emergency of international concern and later a pandemic marked the beginning of a struggle that changed everything globally.

At the African Union Commission, almost all activities came to a standstill, with priority attention on how to get the continent out of the COVID-19 pandemic and get the nations and economies back on track.

Since the declaration of the COVID-19 outbreak in December 2019, the African Union, through Africa CDC, implemented several strategic initiatives to support Member States in their preparedness and response. Strategic actions began with the development of the Africa Joint Continental Strategy for Coronavirus Outbreak and the formation of a multidisciplinary, multisectoral Africa Task Force for Coronavirus Response (AFTCOR). The strategy and task force were endorsed by Africa Ministers of Health in a meeting in February 2020 and approved by the Bureau of the African Union Heads of State and Government in March 2020. It provided direction for all other initiatives of the African Union.

Support to Member States was priority and has been in the form of provision of test kits and other medical supplies, and training in several technical areas, including laboratory, case management, infection prevention and control, risk communication and community engagement, and supply chain management. Through the weekly AFTCOR meetings and other similar forums, Africa CDC brought together

partners to provide direction for response across the continent and advise Member States on key issues. Africa CDC mobilized financial, technical and material resources to support Member States and continues to provide guidance as needed.

Strategic partnership has been a crucial success factor in the response to the pandemic across the continent, as many partners responded to the challenge with their resources. I would like to use this opportunity to thank the numerous partners that have donated medical equipment and contributed financially and technically to fill the capacity gap across the continent.

We deeply appreciate the efforts of our healthcare workers, frontline workers and rapid responders who despite the challenges at the community level have provided their technical expertise and made huge sacrifices to ensure that Africa is not overtaken by the COVID-19 pandemic.

I will not forget the unflinching support of the leadership of the African Union and the African Union Commission, under the leadership of H.E. President Cyril Ramaphosa. Their wisdom has helped avert a disaster and minimize the impact of the pandemic on the continent.

This report highlights key actions taken by the African Union, through the Africa CDC, in responding to the COVID-19 pandemic across the continent and other activities undertaken by Africa CDC in 2020.

H.E. Amira Elfadil Mohammed
Commissioner for Social Affairs
African Union Commission



Message from the Director of Africa CDC

The year 2020 has been characterized by uncertainties, chaos and crisis as the world made efforts to combat the COVID-19 pandemic. From the time the pandemic was declared, Africa CDC began implementing a variety of response activities, bringing together Member States, partners, the private sector, philanthropies and experts to develop and implement a continental strategy, and at different stages of the pandemic to brainstorm and chart the way forward for a comprehensive response.

This early political engagement helped create awareness among Member States and alerted them of the need to prepare adequately to fight the pandemic. The leadership provided by the African Union and coordination by Africa CDC has helped the continent to provide a strong response to the COVID-19 pandemic.

Africa CDC started with the training of laboratory experts so that Member States could test for and diagnose the disease. Complemented with the provision of test kits and other essential supplies, the training helped Member States to scale-up their diagnostic capacity. Until date, Africa CDC continues to feed the testing, supplies and capacity needs of Member States.

Since the beginning of the pandemic, Africa CDC has deployed 12,682 community health workers and 165 rapid responders in different countries across the continent and 23 support staff at Africa CDC headquarters and regional collaborating centres. It continues to deploy community health workers in different countries to ensure that Member States have the human resources needed to conduct community-based activities such as surveillance and engagement.

Africa CDC facilitated training for other cadres of healthcare workers on case management, logistics and supply chain management, risk communication and community engagement, infection prevention and control, surveillance, and public health emergency operations centres.

Africa CDC continues to provide updates and guidance to Member States and to issue guidance documents, based on scientific evidence, to help Member States establish quality assurance systems and understand the dynamics associated with the pandemic.

Now that there are approved vaccines, Africa CDC is exploring every available option to make sure that Africa is not left behind in access to COVID-19 vaccine. It is working with partners to secure enough vaccine doses to vaccinate Africa's populations and achieve the minimum 60 percent herd immunity.

This report highlights the support provided by Africa CDC in response to the COVID-19 pandemic in 2020. The different initiatives highlighted have helped Africa CDC to mobilize the cooperation, collaboration, coordination and communication needed to fill the capacity gap in Africa.

We express our sincere appreciation to all partners that have contributed material, technical and financial resources to support the response to the pandemic in Africa.

As we start 2021, I would like to remind everyone that COVID-19 is not over yet, we have seen many countries experience a second wave of the pandemic in the past few weeks. This is evidence that if we must save lives and save livelihoods, we must continue to observe the public health and social measures – regular handwashing, mask-wearing and physical distancing.

Fighting COVID-19 is a collective responsibility that requires a whole of society approach; individuals must take personal responsibility for their behaviours while the government continues to shoulder the responsibility of protecting its citizens and residents from the pandemic.

This is the time we need greater cooperation at the community level to give COVID-19 a final defeat and ensure that we come out of this crisis stronger than we were at the beginning of it.

Dr John Nkengasong
Director, Africa CDC



PART I

COVID-19 REPORT



Epidemiologic Update, Africa, 31 December 2020

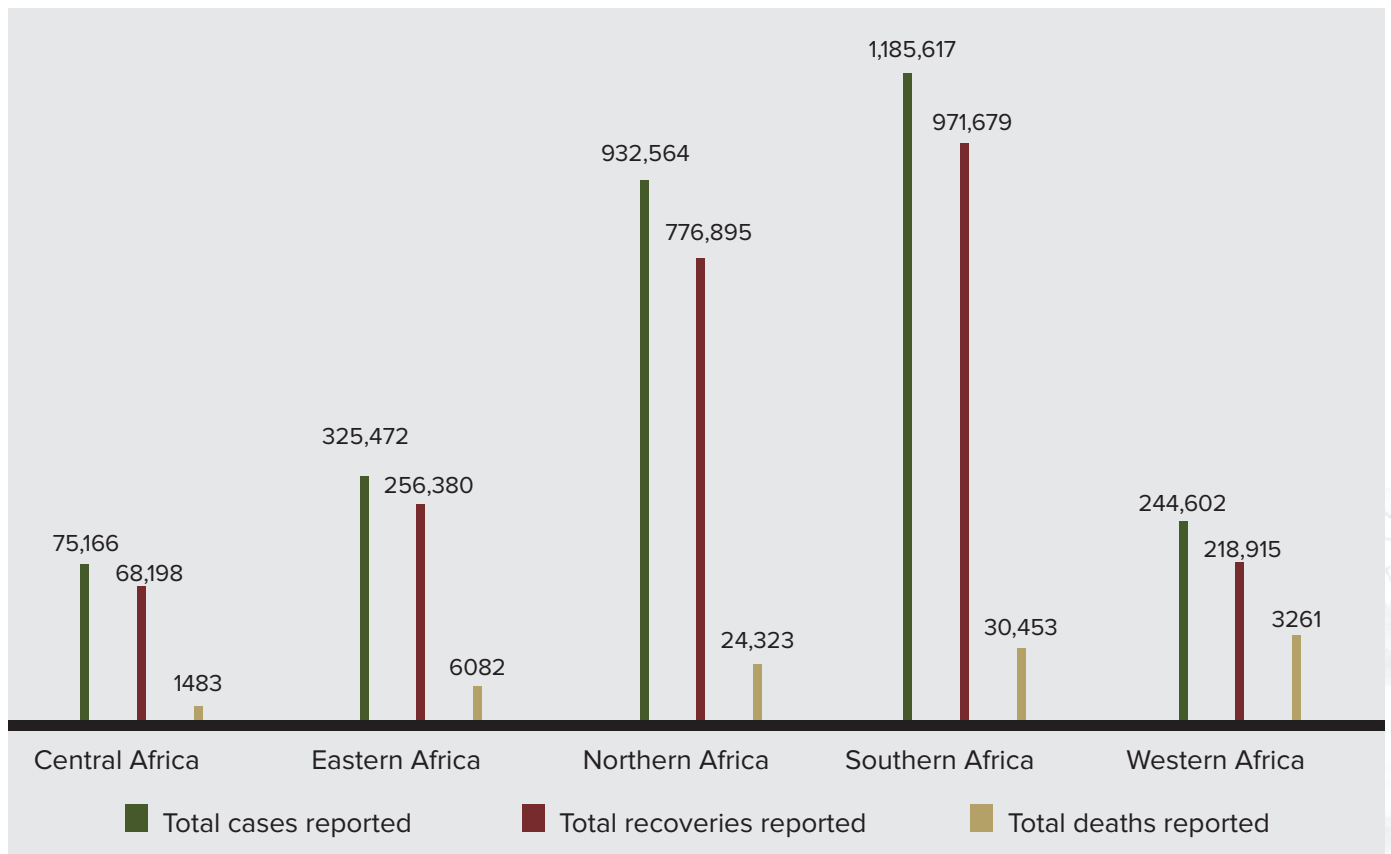


Total cases reported	2,763,421
Total recoveries reported	2,292,067
Total deaths reported	65,602
Case fatality rate	2.4%



Central Africa	1.97%
Eastern Africa	1.87%
Northern Africa	2.61%
Southern Africa	2.57%
Western Africa	1.33%

Case report by region



Strategic Coordination

Strategic coordination for COVID-19 response is provided at the following levels:



The Bureau of Heads of State and Government, chaired by H.E. President Cyril Ramaphosa, provided overall coordination for all COVID-19 response activities by Member States through three coordinating committees on health, finance and transport.



The Africa CDC incident management system, which provides internal coordination and management for response activities.



Bureau of the Assembly of the African Union Heads of State and Government were held fortnightly to discuss status of the COVID-19 pandemic in the continent and progress on implementation of the continental strategy to respond to the pandemic.



The Africa Joint Continental Strategy for COVID-19 Outbreak that enhances cooperation, collaboration, coordination and communication for COVID-19 response across the continent. <https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>



A joint working group of ministers of health, finance and transport of Member States was formed to facilitate coordinated approach to protecting lives and livelihoods, resource mobilization, safe re-opening of economies, and sustainable rebuilding of economies post-COVID-19.



The Africa Task Force for Coronavirus (AFTCOR), a steering committee that leads response efforts across the continent. The committee comprises representatives of public health and research institutions, ministries of health, non-government organizations, multilateral and bilateral organizations, United Nations entities, and Africa CDC staff.



African Union Special COVID-19 envoys appointed by H.E. President Cyril Ramaphosa to help mobilise support internationally for the continental response to the pandemic.



Strategic Initiatives

AFRICA TASK FORCE FOR CORONAVIRUS (AFTCOR)



A **steering committee** that leads response efforts across the continent.



Comprises representatives of public health and research institutions, ministries of health, non-government organizations, multilateral and bilateral organizations, United Nations entities, and Africa CDC staff. <https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>



Members meet weekly to share update, knowledge and advise on response efforts.



Operational through its six working groups: surveillance, clinical management, infection prevention and control, supply chain and stockpiles, laboratory diagnosis and subtyping, and risk communication and community engagement.

PARTNERSHIP TO ACCELERATE COVID-19 TESTING (PACT)



Mobilizes partnerships, experts, community workers, supplies and other resources to enhance COVID-19 testing, tracing and treatment in a timely manner to minimize the impact of the pandemic in Africa.



Facilitates and strengthens TEST, TRACE, TREAT by Member States. <https://africacdc.org/download/partnership-to-accelerate-covid-19-testing-pact-in-africa/>

AFRICA MEDICAL SUPPLIES PLATFORM (AMSP)



A **pool procurement mechanism** that ensures **quick access** by Member States to COVID-19-related diagnostics, medicines and other medical supplies from vetted manufacturers, suppliers and procurement partners at competitive or discounted prices. <https://amsp.africa/>

CONSORTIUM FOR COVID-19 CLINICAL VACCINE TRIALS (CONCVACT)



To accelerate progress on COVID-19 vaccine trials in Africa through partnerships with relevant institutions and networks. <https://africacdc.org/download/africa-cdc-consortium-for-covid-19-vaccine-clinical-trials-concvact/>

PARTNERSHIP FOR EVIDENCE-BASED RESPONSE TO COVID-19 (PERC)



Public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States.



PERC collects social, economic, epidemiological, population movement and security data across the continent to help determine the acceptability, impact and effectiveness of public health and social measures for COVID-19. <https://preventepidemics.org/covid19/perc/>

THE AFRICA PATHOGEN GENOMICS INITIATIVE (AFRICA PGI)



To enhance disease surveillance and public health collaboration through an integrated, cross-continent laboratory network equipped with the tools, training and data infrastructure to leverage critical genomic sequencing technologies.

[This initiative](#) is supporting surveillance of new variants of SARS-CoV-2 across the continent.

AFRICA AGAINST COVID-19: SAVING LIVES, ECONOMIES AND LIVELIHOODS



To promote harmonized, standardized and coordinated travel entry and exit requirements for African Union Member States through digital solutions.

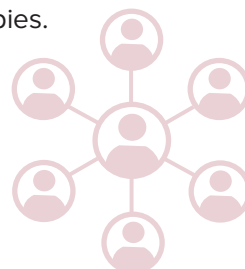


To strengthen implementation of rapid mortality surveillance. <https://africacdc.org/trusted-travel/>

REGIONAL EXPERT COMMITTEE ON TRADITIONAL MEDICINE FOR COVID-19



A 25-member committee established in partnership with WHO to enhance research and development of traditional medicines for COVID-19 in Africa and provide independent scientific advice and support to countries on the safety, efficacy and quality of candidate traditional medicine therapies.



Personnel Training and Deployment



Personnel training

Africa CDC supported training for different cadres of healthcare workers across Africa through direct face-to-face training of trainers, in-country step-down training and online virtual training. The following is a breakdown of individuals trained:



Case management:

13,551



Risk communication and community engagement:

820



Infection prevention and control:

12,960



Surveillance:

6224



Public health emergency operations centre:

5248



Strategic Initiatives



Personnel deployment

TOTAL DEPLOYED:
12,870

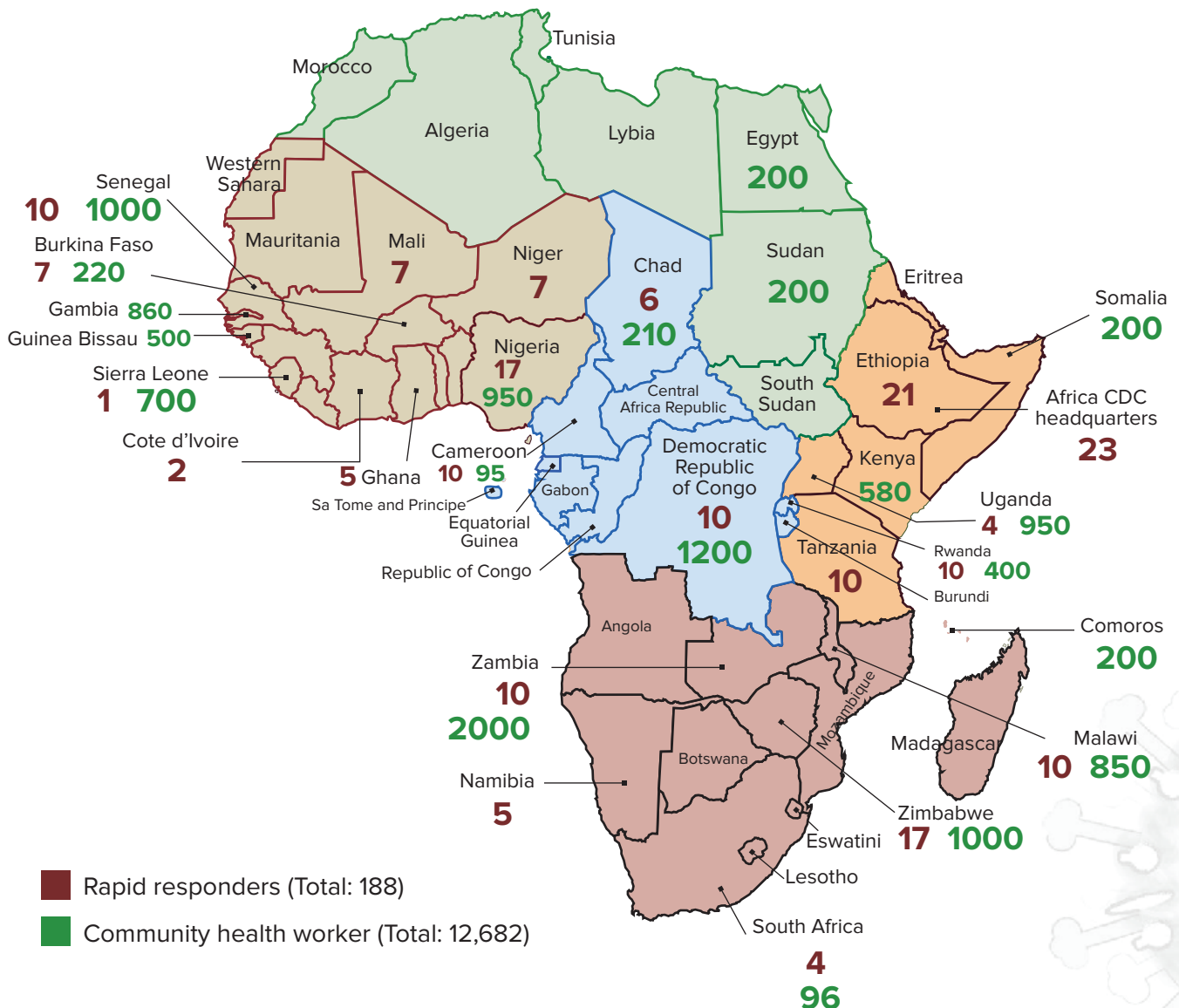
Rapid responders:
165



Community health workers:
12,682

Africa CDC headquarters and RCCs:
23

Rapid responders and community health workers deployed by country



Test Kits and Medical Supplies Support to Member States

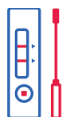
Africa CDC sourced and distributed to Member States:



COVID-19 test kits:
6,049,834



Ventilators:
805



Antigen-based rapid
diagnostics test kits:
262,500



Dexamethasone
tablets:
8,651,000



VTMs, swabs and other
laboratory supplies for
2,263,931 tests



Face shields:
4,923,690



Masks of different types:
12,626,425



Goggles:
9408



Genome sequencing
equipment:
25



Gloves:
1,677,794



Protective suits:
613,974



Hygiene caps:
37,440



Disinfectant tablets:
7160



GeneXpert cartridges:
13,820



Thermo-scanners:
100



Oxygen concentrators:
136



Infrared thermometer:
4890

Financing the Response



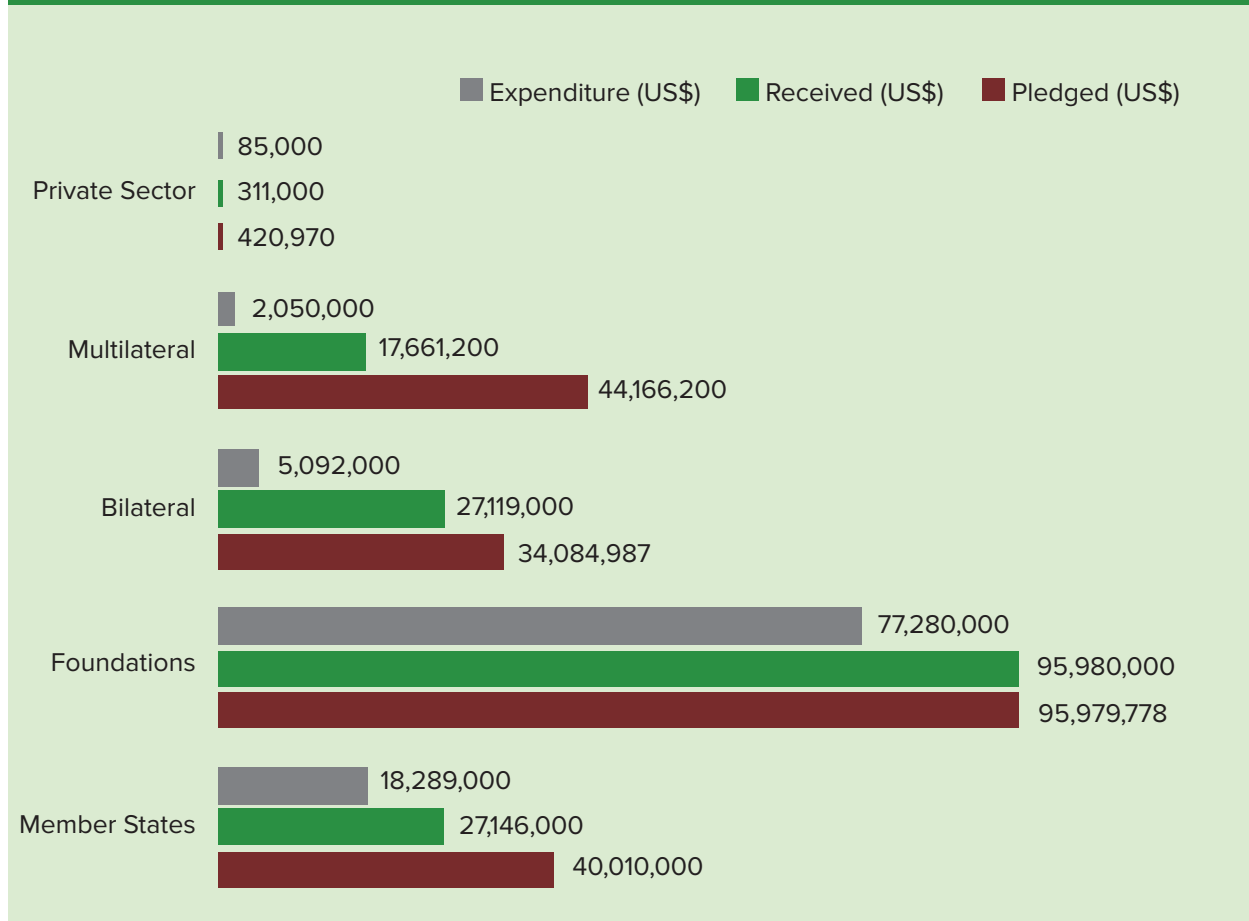
Main sources of funding for the response

- **Reallocation of funds** within the African Union Commission
- **Bilateral partners**, including countries that **are not African Union Member States**
- Non-government organizations, including foundations, agencies and philanthropies
- Multilateral institutions, including intergovernmental entities within and outside Africa
- The private sector, including money raised through crowdfunding and funds from private companies.

African Union COVID-19 response fund

- To raise **US\$450 million** to support medical response to COVID-19 pandemic by Member States, support the deployment of rapid responders across the continent, provide socio-economic support to the most vulnerable populations in Africa, and mitigate the impact of the pandemic across the continent.
- A board was established to advise the Chairperson of the African Union Commission on the use of the Fund, with Prof. Benedict Oramah, President of Afreximbank, as Chair and Prof. Mohamed Awad Tageldin of the Arab Republic of Egypt as Vice Chair.

SUMMARY OF COVID-19 FINANCIAL MOBILIZATION BY SECTOR (US\$), AFRICA CDC, 1 JANUARY 2021



COVID-19 RESOURCE MOBILIZATION AND UTILIZATION SUMMARY (US\$), AFRICA CDC, 1 JANUARY 2021

Pledged (US\$)
214,661,935

Received (US\$)
168,217,200

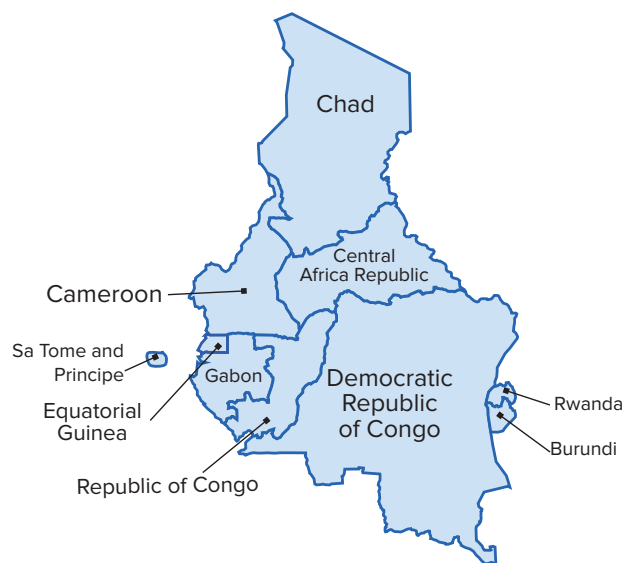
Expenditure (US\$)
102,796,000



From the Regional Collaborating Centres

Central Africa RCC

- **Participated in coordination meetings of the Central African Economic and Monetary Community** to discuss cross-border surveillance, emergency plans, resource mobilization, promote research for better understanding of COVID-19, and strengthen response in the region.
- **Supported dissemination of guidelines and information** and promotional materials produced by Africa CDC among Member States.
- **Mobilized Member States for participation in the face-to-face and virtual training activities** facilitated by Africa CDC and other partners at the continental and regional levels.
- Supported the organization of webinars for laboratory experts in the region as part of the laboratory community of practice coordinated by the African Society for Laboratory Medicine to promote dialogue, experience and knowledge sharing and provide timely update, guidance and advice on new advances in the diagnosis of COVID-19.
- Supported training of 25 trainers on SARS-CoV-2 molecular testing and 25 on biosecurity and biosafety who were mobilized to support training of over 80 officers on sample collection and safe transport, thus strengthening national capacity for quality sampling and reliable laboratory testing and improving turnaround time for testing.



Strengthened laboratory capacity in Gabon

Gabon has benefitted from Africa CDC support to Member States on the COVID-19 response. Beginning with the participation of one of its representatives in the laboratory training on molecular screening of SARS-CoV-2 held at the Pasteur Institute, Dakar, Senegal, in early February 2020, the country has been building its capacity to test for SARS-CoV-2.

By the end of April, Gabon had conducted integrated training for 37 other national trainers on the diagnosis of SARS-CoV-2, and in July it conducted an assessment of laboratories to identify gaps and priority actions needed to optimize laboratory services to support the increasing need for laboratory tests. Eight other GeneXpert machine operators were trained to screen for SARS-CoV-2 screening.

With Africa CDC support, experts at the Interdisciplinary Center for Medical Research of Franceville received training to implement the next generation sequencing of SARS-CoV-2, in addition to the technical and financial support that equipped seven laboratories in the country to conduct PCR tests.

In partnership with WHO, Africa Society for Laboratory Medicine and Africa CDC, the country trained more laboratory staff in the collection, packaging and transport of SARS-CoV-2 samples to ensure consistent implementation of the national guidelines for collection and transport of diagnostic samples.

Gabon has also benefitted from other Africa CDC-supported training in risk communication and community engagement, surveillance, infection prevention and control and case management to boost its capacity to respond to the pandemic.

#TestTraceTreat receives a boost in Cameroon

#TestTraceTreat is the slogan for the Africa CDC Partnership to Accelerate COVID-19 Testing (PACT), which aims to mobilize partnerships, experts, community workers, supplies and other resources to enhance COVID-19 testing, tracing and treatment in a timely manner to minimize the impact of the pandemic in Africa. Since the inception of PACT, Africa CDC has supported Cameroon with 10 rapid responders and 95 community health workers. This is in addition to healthcare workers and rapid responders that the country has also hired to strengthen its response.

To promote community involvement in the response and expand the reach of the rapid responders and community health workers, Cameroon has invested in the use of community relays. From the extreme north to the southern parts of the country, via the central and Adamaoua regions, Cameroon has deployed 720 community relays and 120 community supervisors in 40 districts. Through a series of training sessions conducted over three months by rapid responders deployed by Africa CDC, these community relays learnt the principles and practice of epidemiological surveillance and community engagement at the community level and they are now supporting contact tracing, sensitization and awareness about COVID-19 in the communities.

“Through the training, I acquired knowledge that enables me to interface with the community and health services and effectively approach our populations and sensitize them about COVID-19,” said Doline Akamba, one of the community relays.

“We conduct home visits to educate people about COVID-19 prevention and help mobilize contacts for testing when needed,” said Ndjoko Calvin.

“This support by Africa CDC has helped penetrate more districts and improve coverage of epidemiological surveillance,” said the Head of the Ebolowa Health District in southern Cameroon.

The community relays are local opinion and community leaders, and the rapid responders are experts who have supported Ebola Virus Disease response in the Democratic Republic of Congo. They were deployed to Cameroon in May 2020.

The community approach has proved useful in engaging populations during public health emergencies, leading to significant reductions in morbidity and mortality.

Eastern Africa RCC

- **Worked** with the event-based surveillance team, Member States and partners **to monitor and track COVID-19 and non-COVID-19 outbreak trends in the region**, including data collection, verification, analysis and sharing.
- **Held over 20 Extension for Community Healthcare Outcomes (ECHO) sessions** where Member States and partners in the East African region shared timely information, experience and lessons about the COVID-19 pandemic and received guidance about preparedness and response.
- **Facilitated regional high-level meetings** involving NPHI directors from the Eastern Africa region on data access and data use for COVID-19 response.
- Supported the **deployment of rapid responders** in Eastern Africa countries.



Southern Africa RCC

- Supported training for Member States, including training of trainers on antigen-based rapid diagnostic testing for 14 Member States; training of trainers on biosafety and biosecurity for 59 participants; training of trainers on COVID-19 clinical case management; training on infection prevention and control for 300 healthcare workers from Zambia, Zimbabwe and South Africa; and training on surveillance and contact tracing for Zambia, Zimbabwe, Namibia and Malawi.
- Supported regional high-level meetings on the Africa CDC Trusted Travel initiative to help streamline and simplify COVID-19 testing for travels in the continent.
- Supported the deployment of 42 rapid responders in the Southern Africa region and about 5000 community healthcare workers in Malawi, Zambia, Zimbabwe, and South Africa to support response to COVID-19 and some non-COVID disease outbreaks.
- Provided technical support for implementation of COVID-19 sero-prevalence survey in Botswana, Zambia, Zimbabwe, Malawi, Mozambique, and South Africa.
- Provided guidance and coordination for the intra-action review of the COVID-19 response in Zambia.
- Coordinated distribution of COVID-19 response supplies to the 10 Member States in the region.
- Supported COVID-19 response in Cameroon, including capacity building on cross-border and community surveillance, contact tracing, sample collection, packaging and transport, and development of surveillance and contact tracing protocols for healthcare workers and community volunteers.



Sectional Reports



Case management

- Conducted the vaccine perception survey in 15 Member States.
 - ◆ A predominant majority (**79% average**) of respondents in Africa would take a COVID-19 vaccine if it were deemed safe and effective.
 - ◆ Willingness, or not, to take a COVID-19 vaccine was linked mostly to trust in vaccines as well as perceptions of its importance, safety and efficacy.
- ◆ Rejection of a COVID-19 vaccine was linked to misinformation and disinformation about COVID-19 and vaccines.
- Held a virtual conference that discussed Africa's leadership in COVID-19 vaccine development and access. Over 3000 healthcare professionals, researchers, public health experts, policymakers, media, civil society, community and religious leaders, and the private sector from around the world participated and discussed the framework for COVID-19 vaccine development and access in Africa.





Infection prevention and control



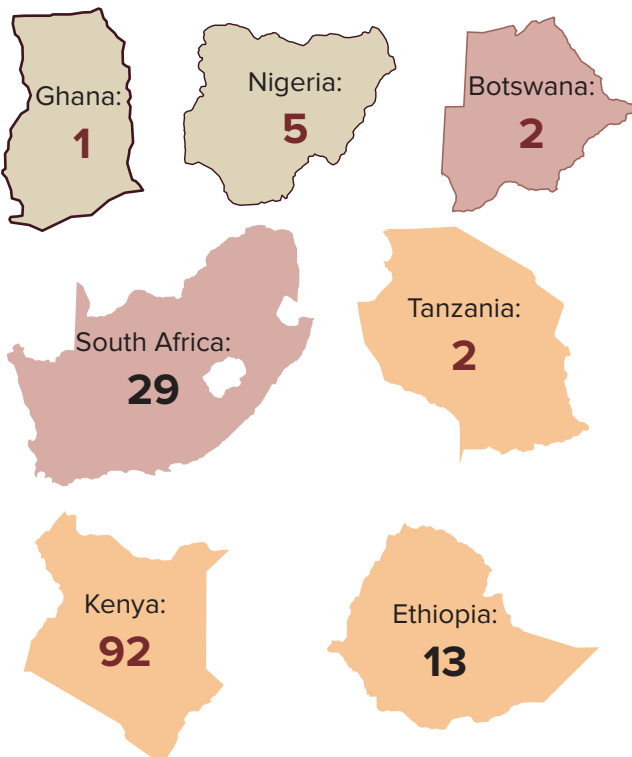
Developed and published **11 guidance documents**, a frequently asked questions brochure and two advisories on infection prevention and control.



Supported **infection prevention and control** quantification by Member States.



Mapped local **personal protective equipment (PPE)** manufacturing capacity for Africa:



Commenced a **research on the effectiveness of face shields** in preventing COVID-19 transmission and the use of electrolyzed water for disinfecting surfaces.



Trained **infection prevention and control and port health workers** from 40 Member States, as well as **field volunteers and journalists** on infection prevention and control.



Conducted four series of six weeks each of webinars to **train 11,869 participants from African Union Member States** on infection prevention and control.



Held a **workshop on PPE manufacturing** for representatives of small and medium enterprises, regulatory agencies, government, non-government, and private organizations to promote local manufacturing of PPE in Africa.



Conducted **infection prevention and control stepdown training** in 11 Member States.

IPC reflections on COVID-19

Infection prevention and control (IPC) professionals are playing several roles in the response to COVID-19 pandemic. Doctors, nurses, researchers, engineers, managers, environmental health, and port health officials are all heavily involved; they are leading teams, training others, providing technical advice and reaching out to communities. These they do under intense pressure and high-risk conditions. The scope of activities highlights how essential IPC expertise is for the proper functioning of healthcare systems and how critical IPC is to saving lives. Here is what some of them say:

“My role is to convert intensive care units into airborne infection isolation rooms and train nurses and doctors working in the COVID-19 isolation units.”

“I work in surveillance and screening, alongside data management, of arriving passengers at a port of entry. I also conduct training for staff and airport stakeholders.”

“My role is to sensitize healthcare workers and the community on COVID-19 preventive measures.”

“Now that we are in a different phase of the pandemic, we focus more on surveillance for COVID-19, monitoring infections among healthcare workers and supporting hospitals, especially those where there is evidence of nosocomial transmission and an increase in COVID-19 infections among healthcare workers.”

There are challenges but despite the difficulties they have acknowledged the need to work

together to support and learn from each other. They realize how working together has helped them overcome the challenges and they want to continue to do this.

“The biggest challenge for IPC is how to ensure that hospitals are safe for patients and staff.”

“When the first cases were reported, most people, including healthcare workers, did not believe the government figures. Being a new disease, we all gambled with information and there were many unanswered questions especially on the burial of the dead. The dead in our society have to be accorded the best respect, people did not understand why because of COVID-19 they were being buried hurriedly.”

In responding to COVID-19 pandemic, they have acquired technical knowledge, practical skills in communicating with different audiences and better understanding of human behaviour and they are eager to continue sharing this knowledge with colleagues from across the continent.

“I am grateful for the training of healthcare workers and the continuous learning programmes. Through the virtual training by Africa CDC, I have acquired more understanding of the disease. I am also impressed by the news that the vaccine is on the way.”

One key lesson they have all learned is: “We are not alone, other healthcare workers also experience similar challenges and we can all support each other through this pandemic. Together we will kick COVID-19 out of Africa.”





Laboratory and subtyping



Enhanced the capacity of all African Union Member States to test for SARS-CoV-2 by **training laboratory personnel** on how to confirm COVID-19. This helped to quickly increase testing capacity from only two Member States in February to **55** by the end of March 2020 and scaling up testing from less than **300,000** tests at the end of April to **25.5 million** by the end of December 2020.



In partnership with manufacturing companies, **trained 36 laboratory experts** from 11 Member States on genomic sequencing of SARS-CoV-2 and supplied sequencing equipment and reagents, which facilitated sequencing of 4282 SARS-CoV-2 specimens from 27 Member States and provided additional information for public health decision-making.



Held face-to-face and virtual training and webinars on key COVID-19 laboratory support areas, including performance of different diagnostics technologies, selection criteria, use of GeneXpert for COVID-19 response, use cases of antigen and antibody-based rapid testing, biosafety and biosecurity considerations for COVID-19, application of pathogen genomics to COVID-19 response, and other priority topics. The webinars helped strengthen capacity to use new technologies, protocols and testing strategies and facilitated information and experience sharing by Member States. It also helped in harmonizing laboratory support for COVID-19 response.



Developed and distributed guidance and training documents on RT-PCR testing, pooled testing, biobanking, quality assurance for RT-PCR testing and for antigen-based rapid diagnostics tests, antibody-based rapid testing, molecular testing of SARS-CoV-2, and **how to increase testing capacity for COVID-19**. These documents facilitated scaling up and harmonization of COVID-19 testing procedures and requirements and improved quality of testing.



Facilitated several forums with partners on the rollout of antigen-based rapid SARS-CoV-2 diagnostic testing, during which participants developed a comprehensive training package on antigen-based testing, a testing algorithm for antigen tests and a forecasting and quantification of antigen rapid diagnostics tests.





Risk communication and community engagement



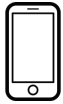
Implemented a COVID-19 prevention campaign with **Facebook**.

168,426,776

people reached

591,392,740

impressions



Implemented the social media [One by One: Target COVID-19 Campaign](#), in partnership with Access Challenge, to disseminate key messages about prevention and to counter misinformation about COVID-19 among different population groups in Africa, as well as to mobilize resources for essential diagnostics and medical supplies needed for COVID-19 response in Africa.

Launched a vaccine acceptability campaign in the DRC, Nigeria and South Africa in partnership with WHO.



Implemented the **Africa Mask Week**, in partnership with Pandemic Action Network, African Union Office of the Youth Envoy, African Youth Front on Coronavirus, Resolve to Save Lives, and many other organizations.



187 million+

people reached on Facebook, Instagram and Twitter.



106 countries,

including 50 African countries, joined media and social media campaign conversation.



18% increase

in social media posting on mask-wearing following the campaign.



Implemented the **World Mask Week**, in partnership with the Pandemic Action Network, WHO, US CDC and US CDC Foundation, Facebook, Google, Global Citizen, and more than 40 partner organizations, to inspire mask-wearing as a preventive measure against COVID-19 infection.



Launched the **Africa Infodemic Response Alliance (AIRA)**, in partnership with WHO and other partners, to coordinate actions to combat misinformation about COVID-19 and COVID-19 vaccines and raise awareness about public health emergencies in Africa.

- Established an [Africa CDC knowledge hub](#) on [The Global Health Network](#) platform to enhance access to technical documents and information by Africa CDC among researchers and scientists.
- Established the **Africa CDC rumour tracking system** that allowed Africa CDC, some Member States and partners to monitor and develop appropriate messaging to counter rumours around COVID-19 across the continent.



Conducted a weekly press briefing on COVID-19 to provide update to journalists and partners on the status of the pandemic and response activities.

- Shared daily updates on the COVID-19 case reports** with journalists and communication focal points of Member States.



Established the Public Health Risk Communication and Community Engagement Community of Practice for Africa to promote best practice, continuous learning and knowledge exchange among African countries as well as to build capacity and improve the practice of public health risk communication and community engagement in Africa.

to promote best practice, continuous learning and knowledge exchange among African countries as well as to build capacity and improve the practice of public health risk communication and community engagement in Africa.





Logistics and supply chain management

- **Established a distribution hub in Addis Ababa in partnership with the World Food Programme** and Ethiopian Airlines through which test kits and medical supplies are being shipped and distributed to Member States.
- Sourced and distributed to Member States over **US\$95 million** worth of medical equipment and supplies for COVID response.
- Following the decision of the Chairperson, H.E. President Cyril Ramaphosa, **Africa CDC partnered to establish the pool procurement mechanism**, Africa Medical Supplies Platform, to support the procurement of equipment and supplies need of Member States.



Science

- **Produced and disseminated weekly briefs and biweekly scientific and public health policy updates** on the COVID-19 pandemic to Member States and partners to inform continental response efforts.
- **Hosted a webinar on treatment of COVID-19** with dexamethasone in partnership with the University of Oxford and published a position statement on dexamethasone for COVID-19.
- Held a **webinar series** on COVID-19 public health and social measures.
- Worked with partners and African **researchers to identify research priorities** on COVID-19 for the continent.
- **Created a technical group for strengthening epidemiological modeling** on the continent and strengthened collaboration between African and global modelers.
- Partnered with African Risk Capacity to **develop an online modeling tool** for Member States (<http://covid19.arc.int/welcome>).
- Worked with partners to identify innovative tools to strengthen response, for example, **developing the Africa communication and information platform** with UNECA and major African telecommunication agencies.



Surveillance

- **Monitored and analysed trends** of the COVID-19 epidemiologic situation globally and at the continental level using the Africa CDC dedicated event-based surveillance system.
- Produced and disseminated COVID-19 daily **epidemiologic updates** since the beginning of March and weekly outbreak briefs to Member States and partners to inform continental response.
- Launched the [COVID-19 potential outcomes scenarios and the COVID-19 spread simulation tool](#) for Africa, in partnership with the African Risk Capacity, to facilitate evaluation of the potential magnitude of COVID-19 by Member States and decision-making on appropriate response to mitigate risks due to the pandemic.
- **Implemented two opinion polls in 18 Member States**, produced 38 country-specific reports and two regional reports regarding opinion poll outcomes, two special reports targeting economic burden and essential health services, three biweekly reports, and a [decision-making interactive dashboard](#) as part of the PERC initiative.
- **Supported sero-survey planning and implementation** in 17 Member States to define the age- and gender-specific prevalence of COVID-19 in the general population.
- Commenced a **rapid mortality surveillance pilot programme** for enhanced COVID-19 response in Uganda and South Africa.
- **Convened five monthly webinars** (between June and November) for Member States on One Health and COVID-19.
- Conducted over **200 face-to-face and virtual training and webinars** for Member States on key COVID-19 surveillance support areas, including enhanced point of entry and cross-border surveillance, event- and community- based mortality surveillance, seroprevalence surveys, and data collection and analysis.
- **Developed over 15 guidance documents and protocols** on: resumption of travel and cross-border surveillance, population-based sero-surveys, curriculum for community health workers and epidemiologists, rapid mortality surveillance, enhanced severe acute respiratory illness and influenza-like illness surveillance, contact tracing, physical distancing, surveillance needed at different epidemic phases, and maintaining and unlocking mitigation measures.

PART II

NON-COVID-19 REPORT





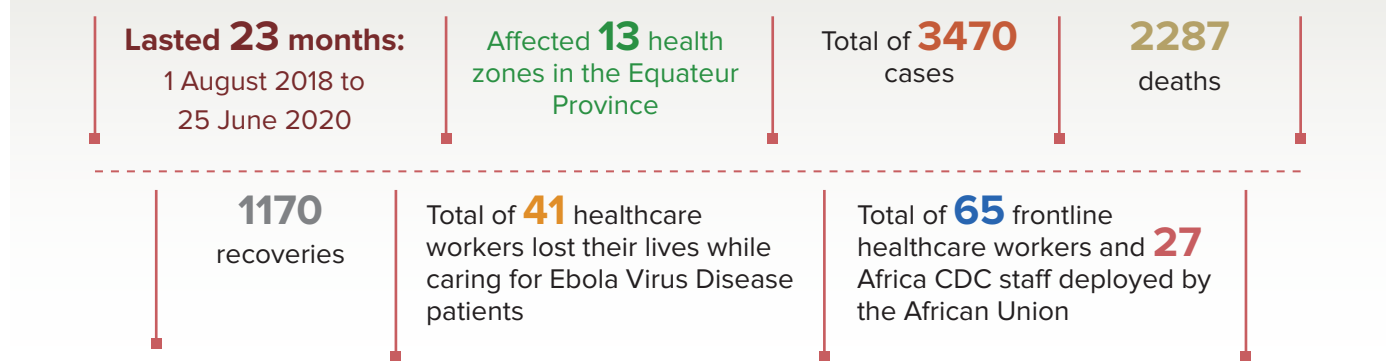
Emergency Preparedness and Response

- **Launched the continental emergency workforce online directory, AVoHC Net, in partnership with Public Health England.** AVoHC Net is a web-based tool to facilitate rapid deployment and better administration of a standby workforce for public health emergencies in Africa. The platform is currently being piloted by Nigeria, Ethiopia and Zambia.

Response to the 10th and 11th Ebola Virus Disease outbreaks in the Democratic Republic of Congo

- a** Africa CDC and partners organized the first international training on Ebola diagnostics for 25 laboratory personnel from Angola, Burundi, Central Africa Republic, Democratic Republic of Congo, Republic of the Congo, Gabon, Rwanda, South Sudan, Tanzania, Uganda, and Zambia.

b 10th Ebola Virus Disease outbreak



Africa CDC volunteers and staff:



- **Mobilized** community members for **vaccination**.

c 11th Ebola Virus Disease outbreak





Laboratory Systems and Networks

- Trained **290** laboratory personnel from 15 Member States on biosafety and biosecurity, to build their capacity to use biosafety and biosecurity standards to limit the spread of diseases, including COVID-19.
- **Partnered with the Nuclear Threat Initiative, US CDC and US Department of Threat Reduction Agency** to facilitate the development of a draft model legal framework for biosafety and biosecurity for Africa.
- **Trained 250** laboratory experts from 24 Member States as trainers on laboratory quality management, specimen collection and transportation, and external quality assessment. The training facilitated implementation of comprehensive laboratory quality management systems for COVID-19 testing and enrolment of more than **208 laboratories** in the external quality assessment programme to monitor the quality of COVID-19 testing. The trained personnel developed training rollout plans for their respective countries.
- Trained 54 laboratory professionals from Guinea and Mali in laboratory mapping and data collection. The trained professionals supported data collection from public and private health laboratories in their countries. The data collected will be used to strengthen laboratory systems and networks and set up laboratory referral networks, upgrade laboratory services and support disease surveillance and response.
- Launched the Africa Pathogen Genomics Initiative (Africa PGI), an over **US\$100 million**, four-year partnership to expand access to next-generation genomic sequencing tools and expertise and strengthen public health surveillance and laboratory networks across Africa. Africa CDC is currently strengthening pathogen genomics surveillance networks involving National Public Health Institutes of 20 Member States.
- **Established the Biobanking Network for Africa** to:
 - (1) enhance access to biological specimens and data for diagnostic test development, evaluation and research;
 - (2) facilitate the development and evaluation of diagnostic tests for diseases of epidemic potential and other global health priorities; and
 - (3) to facilitate genomic surveillance and epidemiological research.





Disease Control and Prevention



Signed a funding agreement with the Susan Thompson Buffet Foundation to support establishment of a Reproductive and Maternal Health Unit in Africa CDC.



Engaged with the Korean International Cooperation Agency on a four-year **proof-of-concept programme** for the prevention and control of viral hepatitis in five African countries.



Completed documentation and implementation plan for second year activities for **RISLNET Central Africa**.



Established a community health workers technical working group for Africa, to strengthen community health financing, collaboration and coordination, and promote learning and adoption of best practices.



Drafted strategic framework for the establishment of the **Regional Integrated Surveillance and Laboratory Network (RISLNET)** in Southern and Eastern Africa.





Surveillance and Disease Intelligence



Maintained monitoring and trend analysis of public health events on the continent through routine event-based surveillance activities.



Drafted a continental framework on mortality surveillance, which is currently awaiting validation by Member States.



Developed training modules and assessment tool for event-based surveillance at the national and sub-national levels by Member States.



Trained 10 Africa CDC and three African Union Peace and Security Department staff on the use of geographic information system, in collaboration with the U.S. Centers for Disease Control and Prevention and Environmental System Research Institute (ESRI).



Produced and disseminated over 50 weekly, internal event-based surveillance reports to Africa CDC staff and one joint Avian Influenza Alert Notification with AU-IBAR and PANVAC to Member States and partners to maintain situational awareness and inform the Africa CDC Division of Emergency Preparedness and Response efforts.



Trained 35 personnel from 17 Member States in event-based surveillance.



Developed a strategy and technical requirements for real-time surveillance of the healthcare delivery system.



Instituted an event management system to assist with tracking and analysis of data regarding public health events that are monitored across the continent.



Trained representatives of 10 Member States in resource mobilization and advocacy for mortality surveillance.



Trained 9 Africa CDC staff on the district health information software and Africa CDC's event-based management system platform.



Developed a policy and standards document for health information exchange within and between Member States.

Surveillance and Disease Intelligence



In partnership with **AU-IBAR, FAO, WHO, OIE, and UNEP**, commemorated the World Antimicrobial Awareness Week in Africa, to raise awareness about the “silent public health threat that antimicrobial resistance (AMR) poses to all countries in Africa” and the “uncontrolled antimicrobial use across the African continent.”



African Union Heads of State and Government endorsed **the African Common Position on AMR, the African Union Framework on AMR Control and the African Union Task Force on AMR.**



In partnership with ReactAfrica, **trained 25 civil society organisations** in Africa on AMR advocacy and engagement to serve as AMR champions.



In collaboration with African Society for Laboratory Medicine, **launched two Fleming Fund Regional Grants EQA Grant for Africa (EQuAFRICA) and Qualifying the Workforce** for AMR Surveillance in Africa and Asia (QWArS) to support AMR surveillance and control.



Conducted a systematic review of existing policies on antimicrobial use in **agriculture and food production in Africa** with Southern African Centre for Infectious Disease Surveillance (SACIDS).



Hosted a **validation workshop** for the Africa CDC Legal Framework for Infection, Prevention and Control.



Launched the **Africa CDC One Health** baseline capacity survey for Member States.



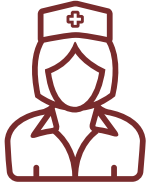
Set up the **Africa CDC expert working group** on infection prevention and control.



Launched the Africa CDC [Framework for One Health Practice in National Public Health Institutes.](#)



In partnership with The Center For Disease Dynamics, Economics & Policy, **developed the African Antimicrobial Treatment Guidelines for Common Infections and Syndromes** for adults and paediatric population



Public Health Workforce and Capacity Development

Africa CDC Institute for Workforce Development (IWD)

- Established the Clinical Community of Practice to facilitate experience sharing, learning and discussion of challenging clinical issues that will help physicians and other service providers in Africa support clinical services for COVID-19 and other diseases.
- The Clinical Community of Practice hosted 37 English webinars with French interpretations with a cumulative total of **9054 participants** from 50 African countries and 94 other countries around the world.
- Held the Clinical Community of Practice office hours with 344 experts participating.
- A total of **1024 members** of the community of practice have consulted the state-of-the-art knowledge hub, spending over 597 hours to learn more about COVID-19 from the 19 interactive modules.



New Workforce and Capacity Development Initiatives

- **The Kofi Annan Global Health Leadership Programme**, in partnership with the Kofi Annan Foundation, to support public health experts in Africa to acquire advanced skills and competencies for managing and leading public health programmes. *The programme comprises a Fellowship in Public Health Leadership Programme, a Public Health Scholars Programme and a Virtual Leadership Academy.*
- European and Developing Countries Clinical Trials Partnership and Africa CDC capacity development programme, a **€5 million** partnership for master's degree training for **120 highly skilled epidemiologists and biostatisticians** in Africa over a period of three years.
- Susan Thompson Buffett Foundation and Africa CDC **US\$11.5 million** capacity building grant for training in maternal and reproductive health epidemiology.
- European Union and African Union partnership, a **€10 million** four-year grant to strengthen the capacity of Africa CDC and scale up preparedness for public health emergencies by African Union Member States.
- Africa CDC, African Development Bank **US\$27.33 million** technical assistance, capacity development and institutional support grant.
- The Global Nursing Leadership Program, in partnership with Harvard T. H. Chan School of Public Health.



Regional Collaborating Centres

Eastern Africa RCC

- Hosting agreement for the RCC signed by the African Union Commission and the Government of Kenya.
- Facilitated an experience-sharing forum between Kenya and Somalia National Public Health Institutes (NPHI).
- Coordinated capacity building support to the newly established Somalia NPHI.
- Supported cross-border field simulation exercises on pandemic preparedness in the South Sudan-Uganda border, facilitated by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Government.
- Supported the development of integrated disease outbreak response plans by countries in the region for diseases like cholera, measles and polio.



Southern Africa RCC

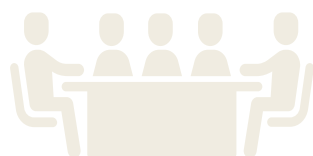
- Supported the surveillance team in monitoring and tracking COVID-19 and non-COVID-19 outbreak trends in the Southern Africa region, including data collection from the Member States, and analysis and verification of outbreaks such as cholera, vaccine-derived polio, measles, anthrax and malaria.
- Facilitated 20 ECHO sessions through which Member States in the region shared data, information and knowledge and discussed challenges.
- Supported establishment of a regional biosafety biosecurity technical working group for Southern Africa.
- Supported the development of terms of reference for technical working groups on the cholera multi-sectoral elimination plan in Zambia.
- Supported the Government of Zambia in finalizing implementation of the regional World Bank project to identify additional resources for the Regional Integrated Surveillance and Laboratory Network Systems (RISLNET) in Southern Africa.



Other Updates



Held the groundbreaking and unveiling of Africa CDC headquarters building in Addis Ababa, Ethiopia, marking the commencement of construction work by the Government of China. When completed the 90,000 m² land area and 40,000 m² construction area will consist of a public health emergency operations centre, data centre, laboratory, resource centre, briefing rooms, training and conference centre, offices, and expatriate apartments.



Scientific Publications in 2020

1. Peeling RW, Wedderburn CJ, Garcia PJ, Boeras D, Fongwen N, Nkengasong J, Sall A, Tanuri A, Heymann DL. Serology testing in the COVID-19 pandemic response. *Lancet Infect Dis* 2020 Sep;20(9): e245-e249. doi: 10.1016/S1473-3099(20)30517-X. Epub 2020 Jul 17. PMID: 32687805.
2. Rosenthal PJ, Breman JG, Djimde AA, John CC, Kanya MR, Leke RGF, Moeti MR, Nkengasong J, Bausch DG. COVID-19: Shining the Light on Africa. *Am J Trop Med Hyg* 2020 Jun;102(6):1145-1148. doi: 10.4269/ajtmh.20-0380. PMID: 32372749.
3. Nkengasong J. China's response to a novel coronavirus stands in stark contrast to the 2002 SARS outbreak response. *Nat Med* 2020 Mar; 26(3): 310-311. doi: 10.1038/s41591-020-0771-1. PMID: 31988464.
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6. Ondoa P, Kebede Y, Loembe MM, Bhiman JN, Tessema SK, Sow A, Sall AA, Nkengasong J. COVID-19 testing in Africa: lessons learnt. *Lancet Microbe* 2020 Jul; 1(3): e103-e104. doi: 10.1016/S2666-5247(20)30068-9. Epub 2020 Jul 3. PMID: 32835338.
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8. Nkengasong JN, Ndembi N, Tshangela A, Raji T. COVID-19 vaccines: how to ensure Africa has access. *Nature* 2020 Oct; 586(7828): 197-199. doi: 10.1038/d41586-020-02774-8. PMID: 33024330.
9. Peeling RW, Boeras D, Wilder-Smith A, Sall A, Nkengasong J. Need for sustainable biobanking networks for COVID-19 and other diseases of epidemic potential. *Lancet Infect Dis* 2020 Oct; 20(10): e268-e273. doi: 10.1016/S1473-3099(20)30461-8. Epub 2020 Jul 24.
10. Nkengasong J. Let Africa into the market for COVID-19 diagnostics. *Nature* 2020 Apr; 580(7805): 565. doi: 10.1038/d41586-020-01265-0. PMID: 32346145.
11. Tessema SK, Inzaule SC, Christoffels A, Kebede Y, de Oliveira T, Ouma AEO, Happi CT, Nkengasong JN. Accelerating genomics-based surveillance for COVID-19 response in Africa. *Lancet Microbe* 2020 Oct; 1(6): e227-e228. doi: 10.1016/S2666-5247(20)30117-8. Epub 2020 Aug 18. PMID: 32838350.
12. Nkengasong J, Gudo E, Macicame I, Maunze X, Amouzou A, Banke K, Dowell S, Jani I. Improving birth and death data for African decision making. *Lancet Glob Health* 2020 Jan; 8(1): e35-e36. doi: 10.1016/S2214-109X(19)30397-3. PMID: 31839138.
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Priorities for 2021

- **Facilitate the procurement and distribution of COVID-19 vaccine** to support mass vaccination by Member States.
- Support campaigns and community and media engagement activities for **COVID-19 vaccine acceptance across the continent**.
- **Finalize five-year strategic plan, priority activities and roadmap** for the new Division of Disease Control and Prevention.
- **Operationalize** RISLNET in three additional regions.
- Conduct situational assessment and analysis of the **control and prevention of viral hepatitis** in all 55 Member States.
- Develop action plan for strengthening primary healthcare for **the prevention and control of non-communicable diseases, endemic diseases and neglected tropical diseases** towards the achievement of Universal Health Coverage.
- Support capacity development on **One Health by Member States and implement the Africa CDC One Health Framework** across all key technical areas.
- **Implement key activities** of the African Union Framework for AMR Control.
- Official launch of the Eastern Africa and Southern Africa RCCs.
- Hold a training in **surveillance and data management** for the newly established Somalia NPHI.
- Lead a team of Member States, regional economic communities and multi-national organizations to **develop a framework for data sharing** in the Eastern Africa region.
- **Support in-country training** in **risk communication and community engagement** by Member States.





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